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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Walter Uebelacker

Group Art Unit: 3737

Application No: 10/708,249

Examiner: Kholdebarin, Iman K

Filed: 02/19/2004

Atty. Docket No: 87072/1

Confirmation No: 2248

Title: Shock Wave Therapy Method and Device

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being sent by regular mail to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on **October 24, 2007**.

OCT 24, 2007

Date of Signature  
and Mailing

By:

David L King  
David L King  
Registration No. 33925

Attorney for Applicants

October 24, 2007

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

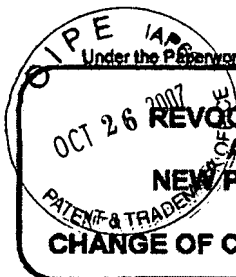
Sir:

Please accept the attached executive revocation of the prior power of attorney and new power of attorney forms replacing the prior attorney of record with the undersigned attorney associated with Customer No. 51108.

Respectfully submitted,

David L King

David L King  
Registration No. 33,925  
Attorney of Record



# **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/708,249
Filing Date	Feb 19, 2004
First Named Inventor	Uebelacker, W.
Art Unit	3737
Examiner Name	Kholdenbarin, I.
Attorney Docket Number	87072/1

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR



I hereby appoint the practitioners associated with the Customer Number:

David King, Sr.

51108

☐ Please change the correspondence address for the above-identified application to:



The address associated with  
Customer Number:

51108

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:



Applicant/Inventor.



Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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